

1875

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

# STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_

PLACE OF BIRTH:

County Gila State ARIZONA

Registered No. \_\_\_\_\_

Township \_\_\_\_\_ or Village \_\_\_\_\_

City \_\_\_\_\_ No. \_\_\_\_\_

Full name of child ZSCHOEGNER (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward. \_\_\_\_\_

Sex Female F If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legiti-  
mate? \_\_\_\_\_ 8. Date of birth Dec. 25, 1887, 193  
(Month, day, year)

FATHER Full name H. Zschoegner MOTHER Full maiden name A. May Zschoegner

Residence (usual place of abode) (If nonresident, give place and State) \_\_\_\_\_

Color or race \_\_\_\_\_ 12. Age at last birthday \_\_\_\_\_ (years)

Birthplace (city or place and State or country): \_\_\_\_\_

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

193 \_\_\_\_\_

Number of children of this mother (At time of this birth and including this child) \_\_\_\_\_ (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

If stillborn, period of gestation \_\_\_\_\_ { months or weeks } 29. Cause of stillbirth \_\_\_\_\_

Before labor \_\_\_\_\_ During labor \_\_\_\_\_

report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.

(Signed) \_\_\_\_\_ M. D.

or Mrs. R. Robinson Midwife

Address \_\_\_\_\_

Filed 1-18-1888 93 \_\_\_\_\_

Registrar. \_\_\_\_\_

FORM 6 TOM 6-25-33 MS 48640

079-1225-177